

TOWN OF AMHERST – INSPECTION SERVICES**(413) 259-3030, Fax (413) 259-2402**

DIG SAFE TELEPHONE # 1-888-DIG SAFE (1-888-344-7233)

M # _____

APPLICATION TO CONSTRUCT, INSTALL, REPAIR OR RENOVATE A SHED, SIGN, TENT OR FENCE**SECTION 1 - SITE INFORMATION****BUILDING CODE USED:** ___ 7TH or ___ 8TH EDITION**1.1 Property Address:**

1.2 Assessors Map & Parcel Number:

Map # _____ Parcel # _____ Lot # (plan) _____

1.3 Zoning Information:

Zoning District _____ Proposed Use _____

1.4 Property Dimensions:

Lot Area (sf) _____ Frontage (ft) _____

1.5 Setbacks (ft) for Sheds, Fences and Free Standing Signs

FRONT YARD		SIDE YARDS		REAR YARD	
Required	Provided	Required	Provided	Required	Provided
			/		

SECTION 2 – ZONING/PLANNING**2.1 Zoning District**

2.2 Zoning Permit:

Not Required [] Required [] ZBA # []

2.3 Design Review Board Permit: Not Required [] Required [] DRB # []**SECTION 3 - DESCRIPTION OF PROPOSED WORK (check all applicable)****3.1 Shed**Front Yard [] Side/Rear Yard []
Dimensions: _____ ft (wide) x _____ ft (long)
Peak height from grade: _____**3.2 Fence**Front Yard: Height _____ Style: _____
Side & Rear Yards: Height _____ Style: _____**3.3 Tent(s)**

(30 days or less)

Dimensions: _____ (L) x _____ (w) x _____ (h) Fire Rating _____ hrs
Dates: From: _____ to _____**3.4 Signs**

Wording on Sign: _____

(1) Temporary Sign(s)Attached to Building [] Free Standing []
Other (specify): _____
Dates: From _____ to _____**(2) Permanent Sign(s)**Free Standing [] Height from grade: _____
Dimensions: _____ (L) x _____ (w)

Attached to Building [] Dimensions: _____ (L) x _____ (w)

Attached to Building [] Dimensions: _____ (L) x _____ (w)

Attached to Building [] Dimensions: _____ (L) x _____ (w)

SECTION 4 – FEES**4.1 Estimated Costs****4.2 Fees for Signs, Fences & Sheds**

	EST. COST	DESCRIPTION	FEE EACH ITEM	# OF ITEMS	SUB-TOTAL
1.Fence/Tent		a. Fence b. Tent	\$25.00 1 st item + 5.00 each add'l item	X _____	
2.Sign(s)		c. Sign	\$25.00 each	X _____	
3.Shed(s)		d. Shed	(____ sf – 100) x .25 + \$30	\$30.00 min	
4.1 Total Est Costs (1 – 3):		TOTAL FEE (a- d)			

SECTION 5 - WORKERS' COMPENSATION INSURANCE AFFIDAVIT (M.G.L. c. 152, # 25C (6))

I, _____ **do hereby certify that:**

(Name -Please Print)

[☐] I am an employer providing the following workers' compensation coverage for my employees:

(policy #/insurance company)

[☐] I am not required to have workers' compensation insurance under M.G.L. c.152, Sec.25(c)(6)

SECTION 6a - PROPERTY OWNERSHIP

Owner of Record: _____ (_____) _____
Name (Please Print) Telephone

Current Address (Please Print) _____ Town _____ State _____ Zip Code _____

SECTION 6b - AUTHORIZED AGENT - To be completed when contractor is not acting as owner's agent

Authorized Agent: _____
Name (Please Print) Signature _____

Address (Please Print) Town _____ State _____ Zip Code _____ Telephone _____ Current

SECTION 7 - CONTRACTOR OR INSTALLATION SERVICES**6.1 Contractor or Installer:**

Name (Please Print)

Company Name (Please Print)

Company Address (Please Print)

Signature

(_____) _____
Telephone

Not Required [☐]

License Number

Expiration Date

SECTION 8a - OWNER AUTHORIZATION - Required When Owners' Agent or Contractor Applies For Permit

I, _____, as **Owner** of the subject Property hereby authorize
(Please Print Name)
_____ to act on my behalf, in all matters relative to work
(Please Print)
authorized by this building permit application. _____
Signature of Owner Date

SECTION 8b - CONTRACTOR/INSTALLER DECLARATION (owner/agent signs if installer is not specified)

I, _____, as **Installer/Owner/Authorized/Owner**, responsible for this
work,
(Please Print) (Circle One)
hereby declare that the statements and information on the forgoing application are true and accurate, to the
best of my knowledge and belief. **Signed under the pains and penalties of perjury.**

Signature of Responsible Party

Date